Case: 09-40288 Document: 7-1 Filed: P.G./ 260/280758 age 1 of 4 Lincoln, NE 68501-0758 402-467-2381 / 800-228-4011

April 21, 2009

ERIC L. ROSE

341 ZELIFF AVE

SHERMAN

SD 57030 Claim No

40B01429

Policy No

ACP WC 7260987368

Loss Date

05/20/2008

Check No. Check Amt

172394661 ******\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE

1 WEEK AT THE WEEKLY RATE OF \$217.73

BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING

)

04-23-09 (0015 04-17-09 THRU

Additional Information



Lincoln Regional Office P.O. Box 80758 Lincoln, NE 68501-0758 402-467-2381 / 800-228-4011

prtpg 379

April 14, 2009

379

ERIC L. ROSE

341 ZELIFF AVE

SHERMAN

SD 57030 Claim No

Policy No

40B01429 ACP WC 7260987368

Loss Date

05/20/2008

Check No

172394132

Check Amt

******\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE

1 WEEK AT THE WEEKLY RATE OF \$217.73

BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING

4/10/09 - 4/16/09 (0014)

Additional Information

KIM NIEHAUS 402-328-9085 Claim Department

301.00 (03-07)

NATIONWIDE MUTUAL INSURANCE COMPANY



Filed: 104/01//89gio Red 32ff@eof 4 P.O. Box 80758 Lincoln, NE 68501-0758 402-467-2381 / 800-228-4011

387 prtpg

April 7, 2009

387

ERIC L. ROSE

341 ZELIFF AVE

SHERMAN

57030 SD

Claim No

40B01429 Policy No ACP WC 7260987368

Loss Date

05/20/2008

Check No

172393549

Check Amt

******\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE

1 WEEK AT THE WEEKLY RATE OF \$217.73

BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING

4/3/09 - 4/9/09 (0013)

Additional Information



Lincoln Regional Office P.O. Box 80758 Lincoln, NE 68501-0758 402-467-2381 / 800-228-4011

283 prtpa

March 17, 2009

283

ERIC L. ROSE

341 ZELIFF AVE

SHERMAN

SD

57030

Claim No

40B01429

Policy No

ACP WC 7260987368 05/20/2008

Loss Date

Check No

172391601

******\$217.73 Check Amt

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE

1 WEEK AT THE WEEKLY RATE OF \$217.73

BY ENDORSING THIS CHECK. I HEREBY CERTIFY THAT I AM NOT WORKING

03-13-09 THRU 03-19-09 (0010

Additional Information

KIM NIEHAUS 402-328-9085 Claim Department NATIONWIDE MUTUAL INSURANCE COMPANY

Case: 09-40288 Document: 7-1

Filed: 0402 8609807 Rage 3 of 4 Lincoln, NE 68501-0758 402-467-2381 / 800-228-4011

prtpq

March 10, 2009

438 ERIC L. ROSE

341 ZELIFF AVE

SHERMAN

57030 SD

Claim No Policy No 40B01429

Loss Date

ACP WC 7260987368

Check No Check Amt 05/20/2008 172391125 ******\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE

1 WEEK AT THE WEEKLY RATE OF \$217.73

BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING

3/6/09 - 3/12/09 (0009)

Additional Information



Lincoln Regional Office P.O. Box 80758 Lincoln, NE 68501-0758 402-467-2381 / 800-228-4011

prtpg

March 3, 2009

ERIC L. ROSE

341 ZELIFF AVE

SHERMAN

SD 57030 Claim No

40B01429

Policy No Loss Date

ACP WC 7260987368 05/20/2008

Check No

172390517

Check Amt

******\$217.73

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE

1 WEEK AT THE WEEKLY RATE OF \$217.73

BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING

2/27/09 - 3/5/09 (0008)

Additional Information

KIM NIEHAUS 402-328-9085 Claim Department

301.00 (03-07)

NATIONWIDE MUTUAL INSURANCE COMPANY

DETACH BEFORE ENDORSING OR DEPOSITING

prtpq

February 17, 2009

430

ERIC L. ROSE

SHERMAN

341 ZELIFF AVE

SD 57030

Claim No Policy No Loss Date

ACP WC 7260987368 05/20/2008 Check No 172389278 Check Amt ******\$217.73

40B01429

In Payment Of TEMPORARY TOTAL DISABILITY PAYMENT FOR ERIC ROSE 1 WEEK AT THE WEEKLY RATE OF \$217.73 BY ENDORSING THIS CHECK, I HEREBY CERTIFY THAT I AM NOT WORKING 2/13/09 - 2/19/09 (0006)

Additional Information

KIM NIEHAUS 402-328-9085 Claim Department

301.00 (03-07)

NATIONWIDE MUTUAL INSURANCE COMPANY

DETACH BEFORE ENDORSING OR DEPOSITING